



**SUPPLEMENTAL APPLICATION**  
**FOR**  
**MEDICAL TECHNICAL ASSISTANT,**  
**CORRECTIONAL FACILITY**  
**(A Peace Officer Classification)**

**Return Supplemental Application to:**

Cecilia Perrin  
Department of the Youth Authority  
4241 Williamsborough Drive, Suite 115  
Sacramento, California 95823

**SUPPLEMENTAL APPLICATION FOR  
MEDICAL TECHNICAL ASSISTANT, CORRECTIONAL FACILITY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

California RN or LVN License Number: \_\_\_\_\_

**READ INSTRUCTIONS CAREFULLY**

This supplemental application will provide you with an opportunity to explain significant aspects of your qualifications for Medical Technical Assistant (MTA), Correctional Facility with the Department of the Youth Authority. The information you provide will determine your rank and score on the eligible list. The closer that your qualifications match that of a successful MTA, with the Youth Authority, the higher your score and rank on the list will be. This list will be used to fill vacancies for MTA positions with the Department of the Youth Authority, at the following facilities: *Northern California Youth Correctional Center, in Stockton, Preston Youth Correctional Facility, in Ione, El Paso De Robles Youth Correctional Facility, in Paso Robles, and Heman G. Stark Youth Correctional Facility, in Chino.* Enclosed is a "Conditions of Employment" form; please indicate your location(s) and time base preferences.

**Do not attach a resume or other materials, as additional materials will not be evaluated.** The application should be typed or written legibly. By completing all parts of the application thoroughly, you will be assured a fair rating of your qualifications.

Be advised that all job offers for MTA positions are subject to the following peace officer standards: successful completion of a background investigation, psychological evaluation, medical examination and a 16-week training academy. The enclosed examination announcement outlines in detail these requirements.

The supplemental application is a mandatory part of the examination process. Failure to return the completed application by \_\_\_\_\_ will eliminate you from this examination. When completed, be sure to keep a photocopy of this application for your records. Should you have any questions, contact Cecilia Perrin at [cperrin@cya.ca.gov](mailto:cperrin@cya.ca.gov) or (916) 262-2718.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

*By signing this application, you certify that all statements, which you have made, are true and accurate.*

## PART 1 – TRAINING, EDUCATION AND CERTIFICATIONS

### Nursing Education

Describe your nursing education. Provide all of the information requested.

Name of the College, University, or Professional School \_\_\_\_\_

Address: \_\_\_\_\_

Dates of attendance

From: \_\_\_\_\_ / \_\_\_\_\_ Month/Year to \_\_\_\_\_ / \_\_\_\_\_ Month/Year

Outcome of program (degree, diploma, certificate, etc.) \_\_\_\_\_

Units or hours completed:

Semester units \_\_\_\_\_ Quarter units \_\_\_\_\_ or Program Hours \_\_\_\_\_

Description of the training program \_\_\_\_\_

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Name of the College, University, or Professional School \_\_\_\_\_

Address \_\_\_\_\_

Dates of Attendance

From: \_\_\_\_\_ / \_\_\_\_\_ Month/Year to \_\_\_\_\_ / \_\_\_\_\_ Month/Year

Outcome of program (degree, diploma, certificate, etc.) \_\_\_\_\_

Units or hours completed:

Semester units \_\_\_\_\_ Quarter Units \_\_\_\_\_ or Program Hours \_\_\_\_\_

Description of the training program \_\_\_\_\_

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Name of the College, University, or Professional School \_\_\_\_\_

Address \_\_\_\_\_

Dates of Attendance

From: \_\_\_\_\_ / \_\_\_\_\_ Month/Year to \_\_\_\_\_ / \_\_\_\_\_ Month/Year

Outcome of program (degree, diploma, certificate, etc.) \_\_\_\_\_

Units or hours completed:

Semester units \_\_\_\_\_ Quarter Units \_\_\_\_\_ or Program Hours \_\_\_\_\_

Description of the training program \_\_\_\_\_

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## Professional Certifications

Do you currently hold any nursing certifications, such as a certificate in one or more of the following: Phlebotomy, CNA (Certified Nursing Assistant), EMT (Emergency Medical Technician), IV Therapy, Pediatric Nursing, Advanced Cardiac Life Support, Medical-Surgical Nursing, ICU, OR, OB/GYN, Respiratory Therapy, Public Health, etc.?

- ☐ No  
☐ Yes. If yes, provide a description of each certification below.

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

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Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

Certificate type \_\_\_\_\_ Date of Issue \_\_\_\_\_

Issued by \_\_\_\_\_ Expiration Date \_\_\_\_\_

## PART 2 – NURSING EXPERIENCE

Describe all of your experience as a Registered Nurse (RN), Licensed Vocational Nurse (LVN), or experience in the Medical Corp of the Armed Forces of the United States, or in the United States Public Health Service. Begin with your most recent experience and work backwards. Include all information requested.

Most Recent Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_

Describe your primary duties, responsibilities, and work setting \_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

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## PART 2 – NURSING EXPERIENCE – (continued)

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_

Describe your primary duties, responsibilities, and work setting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

\_\_\_\_\_

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Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This work was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

☐

Registry/per diem: hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PART 3A – RELATED EXPERIENCE

Describe any relevant work experience in the area of “health care and human services” which was not described under the nursing experience section of this supplemental application, e.g., (CNA) Certified Nursing Assistant, EMT (Emergency Medical Technician), Medical Assistant, Psychiatric Technician, etc. Limit this to experience gained in the last ten years. Include work experience and volunteer experience in health care setting, human services, educational settings, correctional facilities, and other related work. Begin with your most recent experience and work backwards. Include all information requested.

Employer/Agency \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment/experience

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This experience was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Employer/Agency \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment/experience

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This experience was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Employer/Agency \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Dates of employment/experience

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year to \_\_\_\_/\_\_\_\_/\_\_\_\_ Month/Year

This experience was:

☐

Full-Time

☐

Part-Time; hours per week \_\_\_\_

Describe your primary duties, responsibilities and work setting \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART 3B – RELATED SKILLS

**Describe any special skills you have which may enhance your ability to work as a Medical Technical Assistant (CF) with the Youth Authority. Include descriptions of special language skills (fluency with sign language, fluency with a second language, etc.), and computer skills.**

### Skills

Special Skill \_\_\_\_\_

Where or how was this skill obtained? \_\_\_\_\_

Explain how you have used this skill in the performance of work duties \_\_\_\_\_

Special Skill \_\_\_\_\_

Where or how was this skill obtained? \_\_\_\_\_

Explain how you have used this skill in the performance of work duties \_\_\_\_\_

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Where or how was this skill obtained? \_\_\_\_\_

Explain how you have used this skill in the performance of work duties \_\_\_\_\_

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Where or how was this skill obtained? \_\_\_\_\_

Explain how you have used this skill in the performance of work duties \_\_\_\_\_



STATE OF CALIFORNIA  
DEPARTMENT OF THE YOUTH AUTHORITY  
CONDITIONS OF EMPLOYMENT  
631

NAME: \_\_\_\_\_  
First MI Last

MEDICAL TECHNICAL ASSISTANT, CORRECTIONAL FACILITY

IDENTIFICATION NUMBER \_\_\_\_\_

**LOCATIONS IN WHICH YOU ARE WILLING TO WORK**

PLEASE CHECK YOUR CHOICES

YOU WILL **NOT** BE OFFERED A JOB IN LOCATIONS NOT CHECKED:

**NORTHERN CALIFORNIA**

☐

**(3900) SAN JOAQUIN COUNTY**

(Northern California Youth Correctional Center)

☐

**(0307) AMADOR COUNTY**

(Preston Youth Correctional Facility)

**SOUTHERN CALIFORNIA**

☐

**(4003) SAN LUIS OBISPO COUNTY**

(El Paso de Robles Youth Correctional Facility)

☐

**(3628) SAN BERNARDINO COUNTY**

(Heman G. Stark Youth Correctional Facility)

**TYPE OF APPOINTMENT YOU WILL ACCEPT**

PLEASE CHECK YOUR CHOICES

YOU WILL **NOT** BE OFFERED A JOB FOR A TYPE OF APPOINTMENT NOT CHECKED.

☐

Permanent, Full-Time

☐

Limited Term, Full-Time

☐

Permanent, Intermittent\*

☐

Limited Term, Intermittent\*

\*Persons who are hired on an intermittent basis will be scheduled for work on an as-needed basis and may have the opportunity to work up to 1,500 hours. Acceptance of an intermittent appointment will maintain full-time eligibility for the period of time this list is in existence.

NOTE: If you change your address or availability for appointment, notify the Youth Authority Certification Unit at 4241 Williamsborough Drive, Suite 115, Sacramento, CA 95823